

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012 OF THE CONDITION AND AFFAIRS OF THE

HealthLink HMO, Inc.

NAIC	Group Code <u>0671</u> <u>0671</u> NA (Current) (Prior)	AIC Company Code	6475 Employer's I	D Number 43-1616135	
Organized under the Laws of	(Current) (Prior) Missouri	, State of	Domicile or Port of E	ntry Mis	souri
Country of Domicile		United States of Ame	rica		
Licensed as business type:		Health Maintenance Orga	inization		
Is HMO Federally Qualified?	Yes[]No[X]				
Incorporated/Organized	07/29/1992	Con	nmenced Business	01/14/19	93
Statutory Home Office	1831 Chestnut Street			St. Louis , MO, US 63103-2275	
Adultin Autority to a server	(Street and Number)		(City o	r Town, State, Country and Zip C	ode)
Main Administrative Office		1831 Chestnut Stre			
	t. Louis , MO, US 63103-2275	(Street and Numbe	r)	314-923-4444	
(City or	Town, State, Country and Zip Code)	Annual	(/	Area Code) (Telephone Number)	
Mail Address	6775 W. Washington Street	3		Milwaukee , WI, US 53214	
	(Street and Number or P.O. Box)			r Town, State, Country and Zip C	ode)
Primary Location of Books and	Records	6775 W, Washington			
	Milwaukee , WI, US 53214	(Street and Numbe	r)	414-459-6833	
(City or	Town, State, Country and Zip Code)	**************************************	(F	Area Code) (Telephone Number)	
Internet Website Address		www.healthlink.cor	n		
Statutory Statement Contact					
Statutory Statement Contact	Brenda J Buss (Name)		1	414-459-6833 (Area Code) (Telephone Nun	
***************************************	brenda.buss@bcbswi.com			414-459-6229	ider)
	(E-mail Address)			(FAX Number)	200 24 14 14 14 14 14 14 14 14 14 14 14 14 14
		OFFICERS			
	Dennis William Casey			Robert David Kr	etschmer
Secretary _	Kathleen Susan Kiefer	j	Assistant Secretary	Karen Elizabeti	n Geiger
Mile Commence of the Commence		OTHER			
	D	DIRECTORS OR TRU	STEES		
Wayne Sco	ott DeVeydt	Dennis William Ca		Catherine Irene	Kelaghan
State of	Indiana				
County of	Hendricks SS:				
statement, together with relater condition and affairs of the said in accordance with the NAIC A rules or regulations require d respectively. Furthermore, the	atity being duly sworn, each depose and sar- tests were the absolute property of the said d exhibits, schedules and explanations ther d reporting entity as of the reporting period annual Statement Instructions and Account lifterences in reporting not related to acc scope of this attestation by the described ng differences due to electronic filing) of the	of reporting entity, free an rein contained, annexed of stated above, and of its in ting Practices and Procecuting practices and procecuting practices and profiters also includes the	d clear from any liens or referred to, is a full a ncome and deductions dures manual except it procedures, according	s or claims thereon, except as hand true statement of all the assets therefrom for the period ended, o the extent that: (1) state law n to the best of their informatic releases filing their informatic releases filing their informatic releases filing and the statement.	erein stated, and that this its and liabilities and of the and have been completed ay differ; or, (2) that state in, knowledge and belief,
/ Ch) Cz 48	Hus Tre	hi	e eeu. 1 K	e LA Communication of the second of the seco
Dennis William I President	Casey	Kathleen Susan Kiel Secretary	ior	140	d Kretschmer
		,		(t to a	near near one I
Subscribed and sworn to before	e mertais ANUARY, 201	<u>3</u> b.	Is this an original filin If no, 1. State the amendm 2. Date filed	ent number	[X] No[]
/	- V V		. 0		

THERESA A. HILL Notary Public- Seal State of Indiana My Commission Expires Jun 5, 2016

Exhibit 2 - A&H Premiums Due and Unpaid NONE

Exhibit 3 - Health Care Receivables NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
0199999. Individually listed claims unpaid	0	0	0	0	0	0					
0299999. Aggregate accounts not individually listed- uncovered						0					
0399999. Aggregate accounts not individually listed-covered						0					
0499999. Subtotals	0	0	0	0	0	0					
0599999. Unreported claims and other claim reserves	<u>'</u>	<u> </u>	<u>'</u>			11,639					
0699999. Total amounts withheld											
0799999. Total claims unpaid						11,639					
						ł					
						<u> </u>					
0899999 Accrued medical incentive pool and bonus amounts											

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Anthem Insurance Companies, Inc.	317,310					317,310	
0199999. Individually listed receivables	317,310	0	0	0	0	317,310	0
0299999. Receivables not individually listed	30,546					30,546	
0399999 Total gross amounts receivable	347,856	0	0	0	0	347,856	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
WellPoint, Inc.	Administrative expenses	19,900	19,900	
The WellPoint Companies, Inc.	_ Payroll	79 , 132	79, 132	
0199999. Individually listed payables		99,032	99,032	0
0299999. Payables not individually listed		3,942	3,942	
0399999 Total gross payables		102,974	102,974	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0		00.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	17,289	100.0	XXX	XXX		17,289
12. Total other payments	17,289	100.0	XXX	XXX	0	17,289
13. TOTAL (Line 4 plus Line 12)	17,289	100%	XXX	XXX	0	17,289

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
111110 0000		oupitation i aid	ouphation.	Total / lajustou oupital	0011.01 20101 1120
					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned $N\ O\ N\ E$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION					2.					
								(LOCATIO	ON)	
NAIC Group Code	BUSINESS IN THE STATE					DURING THE YEAR 2012 NAIC Company Code				
	1	Comprehensive (Hospital & Medical)	4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	marriada	Стоир	Саррынын	Only	Omy	TIGARET BOTTOMET TALL	Woodoaro	Wiodicaid	Guioi
Total Members at end of:										
1. Prior Year			ļ						ļ	-
2. First Quarter										
3. Second Quarter										
Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:			IV							
7 Physician			†						†	-
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Se	ervices									
18 Amount Incurred for Provision of Health Care	e Services									



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION					2.					
								(LOCATIO	N)	
NAIC Group Code	BUSINESS IN THE STATE (DURING THE	YEAR 2012	NAIC Cor	mpany Code	
	1	Comprehensive (Hospital & Medical) 3	4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	muividuai	Group	Supplement	Offig	Offily	nealth benefit Flair	iviedicare	Medicaid	Other
Total Members at end of:										
1. Prior Year										1
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7 Physician										
8. Non-Physician										
9. Total										
Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
										1
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Set	rvices									
18 Amount Incurred for Provision of Health Care	Services									

⁽a) For health business: number of persons insured under PPO managed care products ...

^{.....} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthLink HMO, Inc. 2. St. Louis, MO

								(LOCATIO	•	
IAIC Group Code 0671 BUSINES	S IN THE STATE OF				T =	DURING THE Y			mpany Code	96475
	1 -	Comprehensive (Ho	spital & Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15	15								
2. First Quarter	14	14								
3. Second Quarter	12	12								
4. Third Quarter	11	11								
5. Current Year	11	11								
6. Current Year Member Months	147	147								
Total Member Ambulatory Encounters for Year:										
7 Physician	29	29								
8. Non-Physician	10	10					-			
9. Total	39	39	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	34,631	34,631								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	34,631	34,631								
16. Property/Casualty Premiums Earned	0									
Amount Paid for Provision of Health Care Services	17,289	17,289								
18 Amount Incurred for Provision of Health Care Services	11,019	11,019								

⁽a) For health business: number of persons insured under PPO managed care products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

HealthLink HMO, Inc. 2. St. Louis, MO REPORT FOR: 1. CORPORATION (LOCATION)

								(LOCATION	•	
NAIC Group Code 0671 BUSINESS	IN THE STATE OF					DURING THE YE			pany Code	96475
	1	Comprehensive (Hos		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15	15	0	0	0	0	0	0	0	
2. First Quarter	14	14	0	0	0	0	0	0	0	
3. Second Quarter	12	12	0	0	0	0	0	0	0	
4. Third Quarter	11	11	0	0	0	0	0	0	0	
5. Current Year	11	11	0	0	0	0	0	0	0	
6. Current Year Member Months	147	147	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	29	29	0	0	0	0	0	0	0	
8. Non-Physician	10	10	0	0	0	0	0	0	0	
9. Total	39	39	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	34,631	34,631	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	34,631	34,631	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	17,289	17,289	0	0	0	0	0	0	0	
18 Amount Incurred for Provision of Health Care Services	11,019	11,019	0	0	0	0	0	0	0	

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____0.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC					Type of			Reserve Liability Other Than for	Reinsurance Payable	Modified	
Company	Federal ID	Effective		Domiciliary	Reinsurance		Unearned	Unearned	Reinsurance Payable on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
									+		
									·		
									-		
0999999 -	Fotale										
0000000 -	ι υιαιδ										

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Federal ID Effective Domiciliary Company Code Number Date
03999999. Total Life and Annuity - Affiliates Name of Company Unpaid Losses Paid Losses Jurisdiction 0 0699999. Total Life and Annuity - Non-Affiliates 0 0 ..11,639 11,639 0 0 11,639 1399999. Total Accident and Health - Non-Affiliates 1499999. Total Accident and Health 0 11,639 1599999. Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999) 1699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999) 11,639

11,639

1799999 Totals - Life, Annuity and Accident and Health

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE HealthLink HMO, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding S	urplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID	Effective		Domiciliary			Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date		Jurisdiction	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
80314	52-0913817		Unicare Life and Health Insurance Company	L	OTH/A/L	34,631						
0199999. (General Accour	t - Authorized	U.S. Affiliates			34,631	0	0	0	0	0	0
0399999.	Total General A	ccount - Autho	orized Affiliates			34,631	0	0	0	0	0	0
0699999.	Total General A	ccount - Autho	orized Non-Affiliates			0	0	0	0	0	0	0
	Total General A					34,631	0	0	0	0	0	0
			uthorized Affiliates			0	0	0	0	0	0	0
1399999.	Total General A	ccount - Unau	uthorized Non-Affiliates			0	0	0	0	0	0	0
	Total General A					0	0	0	0	0	0	0
	Total General A					0	0	0	0	0	0	0
			fied Non-Affiliates			0	0	0	0	0	0	0
	Total General A					0	0	0	0	0	0	0
			rized, Unauthorized and Certified			34,631	0	0	0	0	0	0
			thorized Affiliates			0	0	0	0	0	0	0
	e ten e e penente i		thorized Non-Affiliates			0	0	0	0	0	0	0
	Total Separate					0	0	0	0	0	0	0
			authorized Affiliates			0	0	0	0	0	0	0
			authorized Non-Affiliates			0	0	0	0	0	0	0
	Total Separate					0	0	0	0	0	0	0
			rtified Affiliates			0	0	0	0	0	0	0
			rtified Non-Affiliates			0	0	0	0	0	0	0
	Total Separate					0	0	0	0	0	0	0
			norized, Unauthorized and Certified			0	0	0	0	0	0	0
			0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999	9, 3099999, 3	3399999,							
	3799999 and 4	/				34,631	0	0	0	0	0	0
			999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 279	99999, 31999	999, 3499999,							
	3899999 and 4	199999)				0	0	0	0	0	0	0
4799999 -	Totals					34,631	0	0	0	0	0	0

Schedule S - Part 4 NONE

Schedule S - Part 4 - Bank Footnote NONE

Schedule S - Part 5 NONE

Schedule S - Part 5 - Bank Footnote NONE

SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	Tive real	1	nce Ceded Busines	3	4	5
		2012	2011	2010	2009	2008
	A. OPERATIONS ITEMS					
1.	Premiums	35	24	60	70	80
2.	Title XVIII - Medicare	0	0	0	0	
3.	Title XIX - Medicaid	0	0	0	0	
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable		3	10	0	1
7.	Claims payable	12	18	14	3	
8.	Reinsurance recoverable on paid losses	0	0	0	0	
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers		XXX	XXX	xxx	XXX
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	
15.	Trust agreements (T)	0	0	0	0	
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust		xxx	xxx	xxx	xxx
18.	Funds deposited by and withheld from (F)		xxx	xxx	xxx	xxx
19.	Letters of credit (L)		XXX	XXX	xxx	XXX
20.	Trust agreements (T)		xxx	xxx	xxx	xxx
21.	Other (O)		XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	17,974,325		17,974,325
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	11,639	11,639
5.	All other admitted assets (Balance)	339,348		339,348
6.	Total assets (Line 28)	18,313,673	11,639	18,325,312
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	0	11,639	11,639
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	177		177
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	1,545,823		1,545,823
15.	Total liabilities (Line 24)	1,546,000	11,639	1,557,639
16.	Total capital and surplus (Line 33)	16,767,673	XXX	16,767,673
17.	Total liabilities, capital and surplus (Line 34)	18,313,673	11,639	18,325,312
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	11,639		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	. 0		
23.	Total ceded reinsurance recoverables	. 11,639		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	. 0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	11,639		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories Direct Business Only 5 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Totals Contracts 1. Alabama AZ 3. 4. AR 5. California CA 6 Colorado CO Connecticut CT 7. 8. DE Delaware 9. District of Columbia DC 10. Florida FL 11. Georgia GA Hawaii HI 13.ID Illinois 14.IL Indiana IN 15 16. lowaIA KS 17. Kansas 18. Kentucky KY 19. Louisiana LA 20. Maine ME 21. MD Maryland 22. Massachusetts MA 23. Michigan MI 24. Minnesota MN 25. Mississippi MS 26. Missouri MO МТ 27. Montana 28. Nebraska 29. Nevada 31. New Jersey 32. New Mexico NM 33. New York 34. North Carolina NC ND 35. North DakotaOH 36. Ohio 37. Oklahoma OK 38. Oregon 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SC 42 TN 43 Tennessee 44 Texas TX Utah UT 45. Vermont VT 46. 47. Virginia VA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53 Guam GU PR 54. Puerto Rico 55. U.S. Virgin Islands _____ VI 56. Northern Mariana Islands MP 57. Canada CAN Aggregate Other Alien OT 58. 59. Total

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Type	If		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Grou		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code		Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
0671	WellPoint, Inc		87-0571643 .				1-800 CONTACTS, INC.	DE	NIA	1-800 CONTACTS PARENT CORP.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						1-800 CONTACTS JAPAN, KK	JPN	NI A	1-800 CONTACTS, INC.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		87-0806322 .				1-800 CONTACTS PARENT CORP.	DE	NI A	1-800 CONTACTS PARENT HOLDINGS CORP.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		. 26-2169703 ₋ 36-4384128				1-800 CONTACTS PARENT HOLDINGS CORP.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc WellPoint, Inc	
0671	WellPoint, Inc.		36-3692630				American Imaging Management East, LLC American Imaging Management, Inc.	IL	IA NIA	American Imaging Management, Inc Imaging Management Holdings, L.L.C	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		. 30-3092030 .				AMERIGROUP Arizona, Inc.	AZ	NIA NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212810				AMERIGROUP California, Inc.	CA	NIA	AMERIGROUP Corporation	Ownership		WellPoint, Inc.	
0671			20-3250780				AMERIGROUP Colorado, Inc.	00	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
							AMERIGROUP Community Care of Arizona, Inc.						1	
0671	WellPoint, Inc.		13-4212808				Time trained community out of the Long, the	AZ	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
							AMERIGROUP Community Care of Mississippi,						1	
0671	WellPoint, Inc.		26-4362114				Inc.	MS	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
							AMERIGROUP Community Care of New Mexico,						1	
0671	WellPoint, Inc.	12354	20-2073598				Inc	NM	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212811				AMERIGROUP Connecticut, Inc.	CT	NIA	AMERIGROUP Corporation	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc						AMERIGROUP Corporation	DE	NI A	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc		13-4212812 .				AMERIGROUP Delaware, Inc.	DE	NI A	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc	95093	65-0318864 .				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc.		26-1406543 .				AMERIGROUP Hawaii, Inc.	HI	NI A	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1248083 .				AMERIGROUP Health Solutions, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212813 .				AMERIGROUP Indiana, Inc.	IN	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		45-2485907				Amerigroup Insurance Company	TX KS	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
<u>0</u> 671 0671	WellPoint, Inc.		45-3358287 ₋ 26-4674149 ₋				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
Jo71 0671	WellPoint, Inc.		27-3516009				AMERIGROUP Maine, Inc.	ME	IA NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint Inc.		51-0387398				AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212815				AMERIGROUP Massachusetts, Inc.	MA	NIA	AMERIGROUP Corporation	Ownership.		WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212816				AMERIGROUP Michigan, Inc.	MI	NIA	AMERIGROUP Corporation	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.	12586	20-3317697				AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint Inc.	
0671	WellPoint, Inc.	95373	22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	_100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-3865627				AMERIGROUP New York, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	0100
0671	WellPoint, Inc	10767	13-4212818	[AMERIGROUP Ohio, Inc.	0H	IA	AMERIGROUP Corporation	Ownership		WellPoint, Inc	
0671	WellPoint, Inc		13-4212819				AMERIGROUP Pennsylvania, Inc	PA	NI A	AMERIGROUP Corporation	Ownership		WellPoint, Inc	
0671	WellPoint, Inc		13-4212820 .				AMERIGROUP Puerto Rico, Inc.	PR	NI A	AMERIGROUP Corporation	Ownership		WellPoint, Inc	
0671	WellPoint, Inc.		. 80-0771594 .				Amerigroup Services, Inc.	VA	NI A	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12941	20-4776597 .				AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95314	75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		. 27-3510384 _. 13-4212821				AMERIGROUP Washington, Inc.	WA W I	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc		20-0632253				AMERIGROUP Wisconsin, Inc.	WI DE	NIA NIA	AMERIGROUP Corporation	Ownership Ownership	100.000	WellPoint, Inc WellPoint. Inc.	
0671	WellPoint, Inc		. 54-2014061 .				AMERIVANTAGE, Inc.	DE	NIA NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc		. 06-1696189 .				AMGP Georgia Managed Care Company, Inc	GA	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
ו וטע	WETTFUTHE, THE.	12229	. 691 0601 -00				Anthem Blue Cross and Blue Shield Plan	un	I M	AMENTONOUP COTPOTATION	Owner Strip		, we irotht, the	
0671	WellPoint, Inc		26-1974650 .	1			Administrator, LLC	IN	NIA	Anthem Health Plans, Inc.	Ownership	100.000	WellPoint, Inc.	
	norm ormt, mo		20 137 4000 .				Anthem Blue Cross Life and Health	INC		mittion ricartii i fails, file.	- Γοπιίοι 3π1μ			
0671	WellPoint, Inc.	62825	95-4331852	1			Insurance Company	CA	IA	WellPoint California Services, Inc	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		34-1979156				Anthem Credentialing Services, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.		35-1898945				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.		26-1498094				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.	95120	61-1237516				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership		WellPoint, Inc.	

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
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											Type	If		
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											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
0671 WellPoi	int, Inc	52618	31-1705652				Anthem Health Plans of Maine, Inc	ME	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
							Anthem Health Plans of New Hampshire, Inc.							
0671 WellPoi	int, Inc		02-0510530					NH	IA	ATH Holding Company, LLC	Ownership		WellPoint, Inc.	
	int, Inc	71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	WellPoint, Inc.	
	int, Inc		06-1475928				Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
	int, Inc		61-1459939				Anthem Holding Corp.	IN	UIP	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671 WellPoi	int, Inc	28207	35-0781558				Anthem Insurance Companies, Inc.	IN	IA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
							Anthem Life & Disability Insurance Company							
0671 WellPoi	int, Inc	13573	20-5876774					NY	IA	WellPoint Acquisition, LLC	Ownership		WellPoint, Inc	
										Rocky Mountain Hospital and Medical				
	int, Inc		35-0980405				Anthem Life Insurance Company	IN	IA	Service, Inc.	Ownership	100.000	WellPoint, Inc.	
	int, Inc		32-0031791				Anthem Southeast, Inc.	IN	NIA	WellPoint, Inc.	Ownership	100.000	.WellPoint, Inc	
0671 WellPoi	int, Inc		35-2129194				Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc	Ownership	100.000	.WellPoint, Inc	
										Anthem Blue Cross Life and Health				
0671 WellPoi	int, Inc		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	Insurance Company	Ownership	75.000	WellPoint, Inc.	
	int, Inc		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	WellPoint, Inc.	
	int, Inc						AQUASOFT, LLC	UT	NIA	1-800 CONTACTS, INC	Ownership	100.000	WellPoint, Inc.	
	int, Inc		95-4640529				Arcus Enterprises, Inc.	DE	NI A	Anthem Holding Corp	Ownership	100.000	.WellPoint, Inc	
	int, Inc		20-2858384				ARCUS HealthLiving Services, Inc	IN	NIA	Arcus Enterprises, Inc.	Ownership	100.000	WellPoint, Inc.	
	int, Inc		35-1292384				Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc	Ownership		.WellPoint, Inc	
	nt, Inc		11-3713086				ATH Holding Company, LLC	IN	NIA	WellPoint, Inc.	Ownership	100.000	.WellPoint, Inc	
0671 WellPoi	int, Inc		02-0454980				Behavioral Health Network, Inc.	NH	NIA	WellPoint Acquisition, LLC	Ownership	100.000	WellPoint, Inc.	
		5,00,					Blue Cross and Blue Shield of Georgia,							
0671 WellPoi	int, Inc	54801	58-0469845				Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
0074		96962	FO 4000000				Blue Cross Blue Shield Healthcare Plan of				Ownership	100 000		
	int, Inc		. 58-1638390 . 39-0138065				Georgia, Inc.	GA	IA	Cerulean Companies, Inc.		100.000	WellPoint, Inc.	
	int, Incint. Inc.		95-3760980				Blue Cross Blue Shield of Wisconsin	WI	IA IA	Crossroads Acquisition Corp WellPoint California Services, Inc	Ownership		.WellPoint, Inc	0101
yo/ I wellPol	int, inc.		95-3760980				Blue Cross of California	A	IA	wellPoint California Services, inc.	Owner snip		weilroint, inc.	0101
0671 WellPoi	int Inc		20-2994048				Inc.	CA	IA	Blue Cross of California	Ownership	100.000	WellPoint, Inc.	0102
0671 WellPoi	int, Inc.		20-2994046				CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
	int, Inc.		95-4694706				CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	0103
	int. Inc.		38-3795280				CareMore Health Plan of Arizona. Inc.	AZ	IA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
	int, Inc.		27-1848815				CareMore Health Plan of Colorado, Inc.	CO	IA	CareMore Health System	Ownership	100.000	WellPoint Inc.	
	int, Inc.		26-4001602				CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	WellPoint Inc.	
	int, Inc.		27-1625392				CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
	int. Inc.		20-4307555				CareMore Holdings, Inc.	DE	NIA	CareMore Health Group, Inc.	Ownership	100.000	WellPoint. Inc.	
	int. Inc.		45-4985009				CareMore IPA of New York, LLC	NY	NIA	CareMore. LLC	Ownership	100.000	WellPoint, Inc.	
	int, Inc.		32-0373216				CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
	int, Inc.		20-2076421				CareMore Health System	CA	NIA	CareMore Holdings, Inc.	Ownership		WellPoint, Inc.	
	int, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CareMore Health System	Ownership	98.000	WellPoint, Inc.	
	int, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CMMC Holding Company, LLC	Ownership	2.000	WellPoint, Inc.	
	int, Inc		58-2217138				Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671 WellPoi	int, Inc.		87-0673543				CL I, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.000	WellPoint, Inc.	
	int, Inc.		87-0673541				CL II, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.000	WellPoint, Inc.	
	int, Inc.		87-0673540				CL III, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.000	WellPoint, Inc.	
0671 WellPoi	int, Inc		87-0661210				CL4, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.000	WellPoint, Inc.	
	int, Inc		39-1413702				Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
0671 WellPoi	int, Inc						CMMC Holding Company, LLC	DE	NIA	CareMore Health System	Ownership	100.000	WellPoint, Inc.	
						1	CommunityConnect Health Plan of							
0671 WellPoi	int, Inc		35-2393838				Pennsylvania, Inc.	PA	NIA	Health Ventures Partner, L.L.C.	Ownership	89.290	WellPoint, Inc.	0104

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
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											(Ownership,	is		
						Name of Securities			Relatio	n-	Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporti		Influence,	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity		Other)	tage	Entity(ies)/Person(s)	*
0671	WellPoint, Inc.	10345	31–1440175 .				Community Insurance Company	H	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc	
							Compcare Health Services Insurance							
0671	WellPoint, Inc.		39-1462554 .				Corporation	WI	IA		Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc.		20-0334650 .				Crossroads Acquisition Corp.	DE	NI A		Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc.		41-1905556 .				DeCare Analytics, LLC	MN	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		02-0574609 .				DeCare Dental Health International, LLC	MN	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						DeCare Dental Insurance Ireland, Ltd	JRL	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		73-1665525 .				DeCare Dental Networks, LLC	MN	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		01-0822645 .				DeCare Dental, LLC	MN	NI A		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						DeCare Systems Ireland, Limited	JRL	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-2544715 .				Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-3934328 .				EHC Benefits Agency, Inc.	NY	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		. 23-7391136 .				Empire HealthChoice Assurance, Inc.	NY	IA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-3874803 .				Empire HealthChoice HMO, Inc.	NY	IA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		11-3700531				EVISION, INC.	OR	NIA	1-800 CONTACTS, INC.	Ownership	100.000	WellPoint, Inc.	
							Forty-Four Forty-Four Forest Park			B			l	
0671	WellPoint, Inc.		43-1047923 .				Redevelopment Corp.	MO	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-2907752 .				Golden West Health Plan, Inc.	CA	IA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-4286154 .				Government Health Services, LLC	₩1	NI A		Ownership	100.000	WellPoint, Inc.	
0074	w 115 : 1 1	07047	50 4470040							Blue Cross and Blue Shield of Georgia,		400 000		
0671	WellPoint, Inc.		58-1473042 . 51-0365660				Greater Georgia Life Insurance Company	GA DE	IA	Inc. Arcus Enterprises. Inc.	Ownership	100.000	WellPoint, Inc WellPoint. Inc.	
0671			51-0365660 .				Health Core, Inc.	VE	NIA NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3897701				Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	WellPoint, Inc.	
D671	WellPoint, Inc		54-1356687 .				Health Ventures Partner, L.L.C.	I L	NIA		Ownership	92.510	WellPoint, Inc.	
0671	.WellPoint, Inc		54-1356687 . 54-1356687 .				HealthKeepers, Inc	VA	IA		Ownership	. 92.510	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1616135				HealthLink HMO. Inc.	VA MO	IA	HealthLink. Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	90473	43-1010133 .				HealthLink, Inc.	IL	UDP	RightCH01CE Managed Care, Inc.	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.	78972	86-0257201 .				Healthy Alliance Life Insurance Company	MO	IA		Ownership.	100.000	WellPoint, Inc.	
007 1	werreamt, mc.	10912	00-0237201 .				nearthy Affrance Life Insurance Company	IWIU	IA	Rocky Mountain Hospital and Medical	. Owner strip		werrount, inc	
0671	WellPoint, Inc.	95473	84-1017384				HMO Colorado, Inc.		IA		Ownership	100.000	WellPoint. Inc.	
0671	WellPoint, Inc.		37-1216698				HMO Missouri, Inc.	MO	IA	RightCH01CE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		75–2619605				Imaging Management Holdings, L.L.C.	DE	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		56-2368286 .				Imaging Providers of Texas (non-profit)	TX	NIA		Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.		20-3578501 .				IMASIS, L.L.C.	DE	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		85-0486264				LENS 1ST HOLDING COMPANY	UT	NIA		Ownership		WellPoint, Inc.	
007 1	, wern onit, me.		00 0400204 .				LENO TOT TICED THE COMM ANT			Anthem Health Plans of New Hampshire.	owner strip.			
0671	WellPoint, Inc.	95527	02-0494919				Matthew Thornton Health Plan, Inc.	NH	IA	Inc.	Ownership.	100 000	WellPoint, Inc.	
9071	, wern onit, me		02 0404010 .				matthew mornton nearth rian, me.			Compcare Health Services Insurance	owner strip			
0671	WellPoint, Inc.	.	39-2013971				Meridian Resource Company, LLC	WI	NIA.	Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-1840597				National Government Services, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint Inc.		46-1595582				National Telehealth Network, LLC	DE	NIA	Sellcore. Inc.	Ownership		WellPoint. Inc.	0106
0671	WellPoint, Inc.		75-1461960				OneNation Insurance Company	IN	IA	ATH Holding Company, LLC	Ownership		WellPoint, Inc.	
0671	WellPoint Inc.		95-4249368				Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership.	100.000	WellPoint, Inc.	
0671	WellPoint. Inc.		95-4386221				Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership.	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4249345				Park Square II, Inc.	CA	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						PHP Holdings, Inc.	FL	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1595640				R & P Realty, Inc.	MO	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		56-2396739				Resolution Health, Inc.	DE	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	.	27-4410025				Radiant Services, LLC	IN	NIA	Community Insurance Company	Ownership	100.000	WellPoint, Inc.	

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						Name of Securities			Relation-		Board.	Owner-		
						Exchange		Domi-	ship		Management.	ship		
		NAIC	Federal			if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
	WellPoint, Inc.	60024	. 13-3989915 .	กงงบ	OIN		Rayant Insurance Company of New York	NY		WellPoint Holding Corp	Ownership	100.000	- WellPoint, Inc	_
		83640	. 36-3506910 .								Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc.	83640					RightCHOICE Insurance Company	IL DE		RightCHOICE Managed Care, Inc.			WellPoint, Inc.	
06/1	WellPoint, Inc.		. 47-0851593 .				RightCHOICE Managed Care, Inc.	DE	UIP	Anthem Holding Corp.	Ownership	100.000	wellPoint, inc	
2074							Rocky Mountain Hospital and Medical			I				
	WellPoint, Inc.	11011	. 84-0747736 .				Service, Inc.	CO		ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc	
	WellPoint, Inc.		20-0473316 .				SellCore, Inc.	DE		WellPoint, Inc.	Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc.		55-0712302 .				Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	WellPoint, Inc	
							State Sponsored Business UM Services, Inc.							
	WellPoint, Inc.		. 45-4071004 .					IN		UNICARE Specialty Services, Inc	Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc		. 35-1835818 .				The WellPoint Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc	
							The WellPoint Companies of California,							
0671	WellPoint, Inc.		45-5443372 .				Inc	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc.		43-1967924 .				TrustSolutions, LLC	WI	NIA	Government Health Services, LLC	Ownership	100.000	WellPoint, Inc.	
	,						UNICARE Health Insurance Company of the				·		· ·	
0671	WellPoint, Inc.	70700	36-3304416				Midwest	IL	IA	UNICARE Illinois Services. Inc.	Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc.	12805	20-4842073				UNICARE Health Plan of Kansas. Inc.	KS		UNICARE National Services, Inc.	Ownership	100.000	WellPoint. Inc.	
							UNICARE Health Plan of West Virginia, Inc.			direction controller controller, mer				
0671	WellPoint. Inc.	11810	84-1620480				ortionic ficartification west virginia, me.	WV	IA	UNICARE National Services. Inc.	Ownership	100.000	WellPoint. Inc.	
	WellPoint, Inc.	95420	74-2151310				UNICARE Health Plans of Texas. Inc.	TX		UNICARE Illinois Services, Inc.	Ownership	100.000	WellPoint Inc.	
	WellPoint Inc.	95505	36-3897076				UNICARE Health Plans of the Midwest, Inc.	IL	IA	UNICARE Illinois Services, Inc.	Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc.	933003	36-3899137				UNICARE Illinois Services. Inc.	IL		UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc.	80314	52-0913817				UNICARE Life & Health Insurance Company			UNICARE National Services, Inc.	Ownership		WellPoint, Inc.	
		80314	95-4635507					IN DE	IA		Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc.		77-0494551				UNICARE National Services, Inc.			Anthem Holding Corp.			,	
1	WellPoint, Inc.						UNICARE Specialty Services, Inc.	DE		Anthem Holding Corp.	Ownership	100.000	. WellPoint, Inc.	
	WellPoint, Inc.		. 39-1946735 .				United Government Services, LLC	WI		Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc.		. 36-4014617 .				UtiliMED IPA, Inc.	NY		American Imaging Management, Inc.	Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc		. 20-4405193 .				WellPoint Acquisition, LLC	IN		WellPoint, Inc.	Ownership	100.000	WellPoint, Inc	
	WellPoint, Inc		. 20-2156380 .				WellPoint Behavioral Health, Inc.	DE		UNICARE Specialty Services, Inc	Ownership	100.000	WellPoint, Inc	
	WellPoint, Inc.		. 95-4640531 .				WellPoint California Services, Inc	DE		Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc	
	WellPoint, Inc.		95-4657170 .				WellPoint Dental Services, Inc.	DE		UNICARE Specialty Services, Inc	Ownership	100.000	WellPoint, Inc	
0671	WellPoint, Inc		. 20-3620996 .				WellPoint Holding Corp	DE	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc	
			1				WellPoint Information Technology Services,							
0671	WellPoint, Inc		45-2736438				Inc	CA	NIA	Blue Cross of California	Ownership	100.000	WellPoint, Inc	
	WellPoint, Inc		36-4595641				WelPoint Insurance Services, Inc	HI	NIA	WellPoint, Inc	Ownership		WellPoint, Inc	
0671	WellPoint, Inc		. 36-3897080 .				WellPoint Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	WellPoint, Inc.	,
	WellPoint, Inc.		36-3897080				WellPoint Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership.	25.000	WellPoint, Inc.	
			1			New York Stock Exchange				1			-,	
0671	WellPoint, Inc.		35-2145715		6324	(NYSE)	WellPoint, Inc.	IN	UIP				WellPoint, Inc.	
						····-/	WPMI (Shanghai) Enterprise Service Co.							
0671	WellPoint, Inc.		98-0552141				Ltd.	CHN	NIA	WPMI. LLC	Ownership	100.000	WellPoint, Inc.	
	WellPoint, Inc.		20-8672847				WPMI. LLC	DF		ATH Holding Company, LLC	Ownership	63.880	WellPoint Inc.	0107
							m m1, LLV			Title in the real real real real real real real rea	Owner Strip			
		1	1	1		1		1		1	ĺ			

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the New York State Department of Health.
	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0103	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
	10.71% owned by unaffiliated investors
0105	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.

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Asterisk	Explanation
0106	50% owned by American Well Corporation
0107	36.12% owned by unaffiliated investors

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PARI 2	- SUMMAF	ay of ins	SUKER'S	IRANSAC	FIIONS WI	IIH ANY A	4FFIL	IAIES		
1 2	3	4	5	6	7 Income/ (Disbursements)	8	9	10	11	12	13
				Purchases, Sales or Exchanges of	Incurred in Connection with		Income/		Any Other Material		Reinsurance Recoverable/
				Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC Company Federal ID	Names of Insurers and Parent,	Shareholder	Capital	Real Estate, Mortgage Loans or	Undertakings for the Benefit of any	Management Agreements and	Incurred Under Reinsurance		Ordinary Course of the Insurer's		Losses and/or Reserve Credit
Code Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
11069 36-4384128	American Imaging Management East, LLC					(2,257,562)				(2,257,562)	
	American Imaging Management, Inc.					(35,920,552)				(35,920,552)	
54-1739323	AMERIGROUP Corporation	113,896,800	(443,407,856)			668,965,528				339,454,472	
95373 22–3375292	AMERIGROUP New Jersey, Inc.	, , ,	349,329			(44,979,354)				(44,630,025)	
95314 75–2603231	AMERIGROUP Texas, Inc.		58,820,233			(151,571,059)				(92,750,826)	
95832 51-0387398	AMERIGROUP Maryland, Inc.	(40,000,000)	508,895			(57.634.497)				(97, 125, 602)	
95093 65-0318864	AMERIGROUP Florida, Inc.		530,921			(47,540,340)				(47,009,419)	
10767 13-4212818	AMERIGROUP Ohio Inc dba AMERIGROUP Comm										ļ
	Care	(4,896,800)	421,989			(18,072,255)				(22,547,066)	
10153 20-1581237	AMERIGROUP Virginia, Inc.	(4,000,000)	323,079			(11,342,086)				(15,019,007)	
12354 20-2073598	AMERIGROUP Community Care of New Mexico,										Į.
	Inc		176,980			(34, 127, 135)				(33,950,155)	,
12586 20-3317697	AMERIGROUP Nevada, Inc.		134,248			(22,359,400)				(22,225,152)	
12229 06-1696189	AMGP Georgia Managed Care Company, Inc		788, 159			(80,226,903)				(79,438,744)	
00000 13–3865627	AMERIGROUP New York, LLC		190,514,314			(99,519,608)				90,994,706	,
12941 20-4776597	AMERIGROUP Tennessee, Inc.	(65,000,000)	471,443			(62,719,804)				(127,248,361)	
14064 26-4674149	AMERIGROUP LA INC		55, 154, 988			(16,439,863)				38,715,125	
14073 27-3510384	AMERIGROUP WASHINGTON INC		33,501,771			(2,530,148)				30,971,623	
14078 45-2485907	AMERIGROUP INS CO		94,005,472			(19,646,012)				74,359,460	
14276 45-3358287	AMERIGROUP Kansas, Inc.		7,706,035			(257,064)				7,448,971	
62825 95-4331852	Anthem Blue Cross Life and Health										Į.
	Insurance Company, Inc.	(192,000,000)				(1,027,535,359)	(7,081,666)			(1,226,617,025)	4,837,263
95120 61–1237516	Anthem Health Plans of Kentucky, Inc	(175,000,000)				(244,958,467)				(419,958,467)	
52618 31-1705652	Anthem Health Plans of Maine, Inc.	(110,000,000)				(90,525,329)				(200,525,329)	
53759 02-0510530	Anthem Health Plans of New Hampshire,										Į.
	Inc	(15,000,000)				(55,274,178)	163,112			(70,111,066)	1,792,745
71835 54-0357120	Anthem Health Plans of Virginia, Inc	(244,200,000)				(424,299,006)	10,386,211			(658, 112, 795)	(790,716)
60217 06-1475928	Anthem Health Plans, Inc.	(125,000,000)				(271, 148, 658)				(396, 148, 658)	
61–1459939	Anthem Holding Corp					13,273,507				13,273,507	
28207 35-0781558	Anthem Insurance Companies, Inc.	(279,400,000)				(860,910,997)	(6,380,086)			(1,146,691,083)	16,243,797
13573 20–5876774	Anthem Life and Disability Insurance										ļ
	Company					(361,775)				(361,775)	
61069 35-0980405	Anthem Life Insurance Company	(7,700,000)				(35,339,179)	6,019,409			(37,019,770)	(21,836,175)
54801 58-0469845	Blue Cross and Blue Shield of Georgia,										Į.
	Inc.	(50,000,000)				(75,388,713)				(125,388,713)	
96962 58-1638390	Blue Cross Blue Shield Healthcare Plan of										Į.
	Georgia, Inc.	(52,200,000)				(392,439,252)			ļļ.	(444,639,252)	
54003 39-0138065	Blue Cross Blue Shield of Wisconsin	(35,000,000)				(98,469,485)	(346,470)			(133,815,955)	(112,439)
95–3760980	Blue Cross of California	(450,000,000)				(451,048,254)	(50, 127)			(901,098,381)	73,752
20-2994048	Blue Cross of California Partnership										!
	Plan. Inc.					(79,389,484)				(79,389,484)	
95–4694706	Caremore Health Plan					(87,552,514)				(87,552,514)	
13562 38–3975280	Caremore Health Plan of Arizona, Inc					(17,813,404)			ļļ.	(17,813,404)	
13605 26-4001602	Caremore Health Plan of Nevada					(5,949,369)			1l	(5.949.369)	

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

90-0009427 Certarion Bellota Enterprises 98,977.450 98,977.450 1,053.92.774 1,053.92			PARI 2	- SUMMAF	RY OF INS	SUKER'S	IKANSAC	HONS W	IIH ANY A	ALLIL	IAIES		
More Concars Pedeate Contained State Con	1	2	3	4	5	or Exchanges of	(Disbursements) Incurred in Connection with	8		10		12	Reinsurance Recoverable/
Pedical Documents Pedi	NAIO							Managara			Activity Not in the		(Payable) on
Code Number Subditidates of Affiliates Disidents Office Investments Affiliates Service Contracts Agreements Survive Service Survive Serv		Fodoral ID	Names of Incurers and Parent	Sharoholdor	Capital			Management					Losses and/or
30-3078421 Carrent Vertical Enterprises \$8.877.60 \$8.877.60 \$8.877.60 \$8.877.60 \$1.105.80 \$2.761 \$2.761								Service Contracts		*		Totals	Taken/(Liability)
1-440775 Committy Insurance Corpany								88.677.450	- igreened			88.677.450	
3-146255 Compare feat his Services Incurance 140,000,000 149,861,222 150,000,000 149,861,222 150,000,000 149,861,223 150,000,000 149,861,223 150,000,000 150,000				(367.000.000)									
Comparation				, , ,				, , ,				, , , , , ,	
15988 28-7991186			Corporation	(40,000,000)				(49,861,222)				(89,861,222)	
15988 28-7991186		01-0822645	DeCare Dental, LLC					(35,420,973)					
Section Sect		23-7391136	Empire HealthChoice Assurance, Inc.	(136,955,207)				(612,927,914)					
S-2907782 Golden Nest Neal In Plan, Inc. (2, 07, 469) (2, 07, 469) (2, 07, 469)	95433	13-3874803	Empire HealthChoice HMO, Inc.	(131,952,696)				(114, 198, 522)				(246, 151, 218)	
1977 Se-1473942 Greater Sergia Life Insurance Corpany 16, 483, 817 16, 483, 817 17, 855897 18, 855896 Heal Hirkegers, Inc. 19, 000, 000 115, 0811, 770 10, 385, 211 12, 189, 07, 741 18, 890, 774 18, 890, 774 18, 890, 774 18, 890, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 07, 774 19, 189, 074 19,		95-2907752	Golden West Health Plan, Inc.					(2, 107, 469)				(2, 107, 469)	
S-10056969 Health Core, Inc. (18.590,714) (18.597,714) (97217							(5,483,817)				(5,483,817)	
59189 54-1556987 49-11fine Holl, Inc. (19,000,000) (159,811,770) (10,98,911) (23,197,981) 799,								(18,590,714)				(18,590,714)	
98475 43-1616135 43-16161	95169	54-1356687	HealthKeepers, Inc.	(90,000,000)				(150,811,770)	(10,386,211)				790,716
43-1984135	96475	43-1616135	HealthLink HMO, Inc.	(12,000,000)				10,403,817					11,639
1897 86-057201 Heal thy All lance Life Insurance Corpany (128,000,000) (128,000,000) (128,000,000) (128,000,000) (139,42,071) (159,42,071) (159,42,071) (17,523,212)		43-1364135	HealthLink, Inc.						` ′ ′				·
1967 24-1077384 HID Colorado, Inc. (4,300,000) (19,412,071) (237,720,71)	78972	86-0257201	Healthy Alliance Life Insurance Company	(128,000,000)				(221, 234, 500)				(349,234,500)	
9558 37-121668 H0 Missouri, Inc. (1,100,000) (16,423,121) (17,223,212)				(4,300,000)								(23,712,071)	
98-0408753 HTH Re, LTD	95358	37-1216698	HMO Missouri. Inc.	(1,100,000)				(16,423,212)				(17,523,212)	
98527 02-0494919 Natther Thornton Heal th Plan, Inc. (15,000,000) (15,000,243) (15,299,179) (15,2				, , ,				, , ,	7.081.666			7.081.666	(4,837,263)
Size	95527	02-0494919	Matthew Thornton Health Plan. Inc.	(15.000.000)				(60.640.243)	, ,				
88286 75-1461960 OneNation Insurance Company								(15, 299, 179)				(15,299,179)	
A			OneNation Insurance Company						54.631				201,060
Se-2986739 Resolution Health, Inc.		13-3989915	Ravant Insurance Company of New York						, .				,
8.8840 36-3506910 RightCHOICE Insurance Company (111,714) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (28,991,626) (29,991,626)		56-2396739	Resolution Health. Inc.					17.425.545				17.425.545	
A7-0851593		36-3506910	RightCHOICE Insurance Company										
11011 94-0747736 Rocky Mountain Hospital and Medical (82,700,000) (21,984, 35-83818 The Well Point Companies, Inc. (3,746,056) (21,984, 36-8378,939 3,169,375,939 3,169,37													
35-185818 The Well Point Companies, Inc. 3,169,375,939 3,169,375,939 3,169,375,939	11011	84-0747736	Rocky Mountain Hospital and Medical	(00.700.000)				,,,,,	10 007 075			, , , ,	(04, 004, 045)
12805 20-4842073 UNICARE Health Insurance Company of the (2,200,000) (1,546,056) (3,746,056) (21,648,817) (21,648,817) (21,648,817) (21,648,817) (23,00,000) (18,154,817) (23,00,000) (18,154,940) (20,45				(82,700,000)					13,837,375				(21,984,645)
12805 20-4842073 UNICARE Health Plan of Kansas, Inc. (3,746,056) (15,548,817) (21,648,817) (21,648,817) (21,648,817) (21,648,817) (21,648,817) (21,648,817) (21,648,817) (22,454,940) (20,45	70700	35-1835818	The WellPoint Companies, Inc.					3, 169, 375, 939			+	3, 169, 375, 939	
12805 20-4842073 UNICARE Health Plan of Kansas, Inc. (3,100,000) (18,548,817) (21,64	70700			(0.000.000)				(4 540 050)				(0.740.050)	
11810	10005							(1,546,056)					
Section Sect				(3,100,000)				(18,548,817)				(21,648,817)	
95420 74-2151310 UNICARE Health Plans of Texas, Inc. 95505 36-3897076 UNICARE Health Plans of the Midwest, Inc. (1,000,000)	11810	84-1620480	UNICAH⊑ Health Plan of West Virginia, Inc.	(0, 000, 000)				(40 454 040)				(00, 454, 040)	
9505 36-3897076 UNICARE Health Plans of the Midwest, Inc. (1,000,000) 157,201 (842,799) (842,799) (134,071,193) 25,610, (95,000,000) (10,000,000) (05400	74 0454040	LINICADE II. IAI DI	(2,300,000)									
R0314 52-0913817 UNICARE Life & Health Insurance Company (50,000,000) (70,796,961) (13,274,232) (134,071,193) 25,610, (13,274,232) (134,071,193) 25,610, (13,274,232) (13,274,2								[(743, 181)			 	(743, 181)	
80314 52-0913817 UNICARE Life & Health Insurance Company (50,000,000) (70,796,961) (13,274,232) (134,071,193) 25,610, 95-4657170 WellPoint Dental Services, Inc. 9,036,880 9,036,880 9,036,880 9,036,880 9,036,880 9,036,880 9,198,453 9,198	95505	36-389/0/6	UNICAHE Health Plans of the Midwest, Inc.	(1,000,000)				157,201				(842,799)	
95-4657170 WellPoint Dental Services, Inc. 20-3620996 WellPoint Holding Corp 180,000,000 9,198,453 45-2736438 WellPoint Information Technology Services 36-3897080 WellPoint Partnership Plan, LLC 2,623,107,903 9,198,453 35-2145715 WellPoint, Inc. 2,623,107,903 3,166,070,138 9,036,880 9,036,880 9,198,453 9,				(50,000,000)					(13,274,232)				25,610,266
20-3620996 WellPoint Holding Corp 180,000,000 9,198,453 189,198,453 189,198,453 189,198,453 180,000,000 230,657,849 230,657,849 230,657,849 230,657,849 240,754,837) 240,754,837 240,7													
45-2736438 WellPoint Information Technology Services 230,657,849 2				180,000,000									
36-3897080 WellPoint Partnership Plan, LLC 230,657,849 230,657,849 230,657,849 (14,754,837) (14,7				, , ,									
36-3897080 WellPoint Partnership Plan, LLC (14,754,837) (14,754,837) (14,754,837) (14,754,837) (14,754,837) (5,789,178,041)								230.657.849			1	230.657.849	
35-2145715 WellPoint, Inc. 2,623,107,903 3,166,070,138 5,789,178,041		36-3897080	WellPoint Partnership Plan. LLC					(14.754.837)				(14.754.837)	
				2,623.107.903									
			,	0	0	0	0	0	0	XXX	0		0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

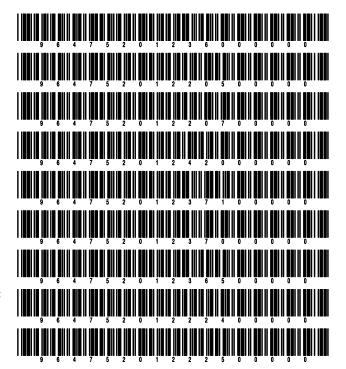
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	following the interrogatory questions.	Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
_	APRIL FILING	1/50
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
	The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company do	oes not transact the type of
	business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide interrogatory questions.	" report and a bar code will
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	110
19.	electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	NO
	electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	ILO
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
11.	Explanations.	
12.		
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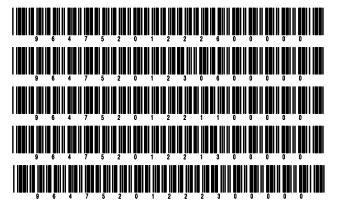
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- 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 12. Life Supplement [Document Identifier 205]
- 13. Property/Casualty Supplement [Document Identifier 207]
- 14. SIS Stockholder Information Supplement [Document Identifier 420]
- 15. Participating Opinion for Exhibit 5 [Document Identifier 371]
- 16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
- 17. Medicare Part D Coverage Supplement [Document Identifier 365]
- Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 21. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 22. Life Supplement [Document Identifier 211]
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]
- 26. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



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